

temperature rises every afternoon and evening to about  $104^{\circ}$ . The pigmentation seemed to increase throughout December. Twice during the first two months of his stay in hospital there was slight diarrhœa, which was attributed to the arsenic. About the middle of January it was noticed that he was tender to the touch, and walked somewhat stiffly. He is a Pole, speaking no English, and as there was no one in the ward to interpret for him, these symptoms did not perhaps at first attract the attention they deserved. The most striking feature at this time was the sensitiveness on pressure. The skin itself did not appear to be painful, but if, for example, the arm was grasped, or the pectoral muscle lifted, or the thigh pinched, he winced and tears came into his eyes. By the end of January he walked with much difficulty, and could scarcely go from his bed to the closet. He has naturally, in the course of his disease, wasted a good deal, but the legs seem to have become distinctly more flabby within the past two or three weeks. The knee jerks, which were present on January 10th, are now absent.

On February 2nd, Dr. Hoch reported the faradic excitability of the nerves of the leg was diminished, the galvanic also to a slight extent. In the muscles the diminution to both currents was more marked, and the contraction following the galvanic stimulation was decidedly slower and the anode, if not larger, was at least equal to the K. C. C. The muscular power in the arms is not so strikingly diminished, though the grasp is feeble in comparison with what it was. The hyper-sensitiveness of the muscles does not appear to be at all diminished.

Between the 27th of October, and the 10th of January, this patient took  $\frac{34}{31}$  m. 18 of the liquor potassæ arsenitis, equivalent to about  $16\frac{1}{2}$  grains of arsenious acid. During these seventy-five days there were fourteen days in which the drug was omitted. The marked sensory changes, the gradual impairment of muscular power, and the progressive character of the symptoms indicate very clearly the peripheral and neuritic nature of the affection; and though he has a chronic cachexia, in which, as in cancer or tuberculosis, neuritis might develop, yet it seems more rational to attribute it to the somewhat